

# Edward Joyce

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## Referral Form for a Psychological Assessment (Post Primary)

Private, confidential, and without prejudice

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Course(LC,LCA, PLC etc.)

\_\_\_\_\_

Address: \_\_\_\_\_

School Telephone Number. \_\_\_\_\_

Name of Principal: \_\_\_\_\_

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This section should be completed by the parent(s) or guardian(s); or may be completed by the student if he/she is over the age of 18 years Student Profile:

Family size: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Position in family \_\_\_\_\_

Were there concerns about the student's early development (e.g. walking, talking)? If there were, please give details: \_\_\_\_\_

\_\_\_\_\_

Are there any medical condition/s that might be affecting academic progress? \_\_\_ If there are, please give details: \_\_\_\_\_

\_\_\_\_\_

Has the student been assessed by any of the following?

Psychologist \_\_\_\_\_ Physiotherapist \_\_\_\_\_ Occupational Therapist \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_ Outcome: \_\_\_\_\_ Outcome: \_\_\_\_\_

\_\_\_\_\_



_____	_____	_____
_____	_____	_____
<b>Speech and Language Therapist:</b> _____		<b>Paediatrician:</b> _____
<b>Date:</b> _____		<b>Date:</b> _____
<b>Outcome:</b> _____		<b>Outcome:</b> _____
_____		_____
_____		_____

**N.B. Please enclose copies of reports you have received from any of the above.**

**Did the student have a hearing test?** \_\_\_\_\_

**Outcome:** \_\_\_\_\_

**Did the student have a sight test?** \_\_\_\_\_

**Outcome:** \_\_\_\_\_

**What are the student`s main strengths?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the student`s main interests and hobbies?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the main challenges facing the student?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What measures/resources could be put in place to help him/her overcome these challenges?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**This section should be completed by the class teacher (s) and the learning support/resource teacher(s), where appropriate**

**What is the main reason for this referral ?**

**Learning** \_\_\_\_ **Behaviour** \_\_\_\_ **Emotional** \_\_\_\_ **Other** \_\_\_\_

**Please give Details:** \_\_\_\_\_

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What are the main concerns about this student? \_\_\_\_\_

Did the student receive learning support or resource teaching support in primary school? \_\_\_\_\_

If he/she did, please give as much detail as possible (Subjects, number of years, number of classes weekly, duration of classes, size of classes): \_\_\_\_\_

Is the student receiving, or has this student received, learning support/ resource teaching hours in post-primary school?

If he/she is/ has, please answer the following:

**Learning Support**

**Resource teaching support**

Number of years? \_\_\_\_\_

Number of years? \_\_\_\_\_

In what subject(s)? \_\_\_\_\_

In what subject(s)/area(s) \_\_\_\_\_

How often weekly? \_\_\_\_\_

\_\_\_\_\_

Duration of classes? \_\_\_\_\_

How often weekly? \_\_\_\_\_

How many in the group? \_\_\_\_\_

Duration of classes? \_\_\_\_\_

Please include the results of Standardised (Reading and mathematics) tests done in the last 2 years.

Date	Name of test	Results- give S.S. and percentile rank



Please comment on the following, and if necessary elaborate further on page 5. This section should be completed by the learning support teacher in conjunction with a number of the student`s subject teachers.

<b>Attention</b>	
<b>Memory</b>	
<b>Concentration</b>	
<b>Oral skills</b>	
<b>Reading- Word attack skills-phonetic skills etc.</b>	
<b>Reading- Comprehension</b>	
<b>Mathematics- Computational skills</b>	
<b>Mathematics- Problem solving</b>	
<b>Spelling</b>	
<b>Writing skills</b>	
<b>Fine motor skills</b>	
<b>Gross motor skills</b>	
<b>Social skills with teachers/other adults</b>	
<b>Social skills with his/her peers</b>	
<b>Behaviour in class</b>	
<b>Behaviour outside class</b>	



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## Consent Form

**I/ We consent to a psychological evaluation of my/our son/daughter by Edward Joyce, Psychologist.**

**I/We understand that the results of this evaluation will be made known to me/us, to the School Principal, and, where the Principal deems it appropriate, to the relevant members of the school staff.**

**Name of Student:** \_\_\_\_\_

**Signatures of both Parents or Legal Guardians: All persons who have legal custody of the child.**

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

.....

**Signature(s) of teachers completing this form:**

**Principal:** \_\_\_\_\_

**Learning Support teacher (s) /Resource Teacher(s):** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

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**N.B. Please enclose copies of reports received from other professionals/agencies**

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